

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 03/26/2005		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 03/31/2005						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DO/SAS	8599	615	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	118	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	136	919	1129	210
		8505	62	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404904	WESTERN HIGHLAN DS LME	8505	2106	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8622	60	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	8	2393	3338	945
		8621	53	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404905	TREND COMM MENT AL HLTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404910	PATHWAYS	8505	2263	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	179	DUPLICATE OF CLAIM-SYSTEM	1	2999	7951	4945
		8329	166	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404912	CATAWBA COUNTYM ENTAL HEALT	8505	812	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	14	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	5	837	912	75
		24	5	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
3404913	MECKLENBURG COM ENTAL HEALT	8329	263	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
		0	0		0	263	263	0
3404916	CROSSROADS BEHA VIOAL HEAL	8505	791	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		27	19	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	0	851	2119	1268
		8599	15	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404917	CENTERPOINT HUM AN SERVICES	21	3660	DUPLICATE OF CLAIM-SYSTEM				
		8599	882	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	534	6042	23403	17361
		5404	350	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TGS/DOS/MOD				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404918	ROCKINGHAM CO M ENTAL HEALT	21	298	DUPLICATE OF CLAIM-SYSTEM				
		8505	89	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	8	454	1927	1473
		8800	20	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404919	GUILFORD CO MEN TAL HEALTHC	8505	1259	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	204	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	32	1568	4833	3265
		191	32	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404920	ALAMANCE CASHEL L AREA MH D	5404	99	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		8505	91	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	221	370	149
		21	18	DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C HATHAM AREA	8505	4753	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		5312	2452	PRIOR AUTHORIZED DOLLARS EXCEE DED	33	7845	8636	791
		8599	323	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	8599	207	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8329	30	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	1	289	982	693
		8518	17	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404923	VGFW AREA AUTHO RITY	23	41	SERVICE REQUIRES PRIOR APPROVA L				
		8599	36	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	159	1305	1122
		8505	36	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	3294	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		5404	593	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	54	5267	9418	4151
		8599	421	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404926	SOUTHEASTERN RE G MENTAL HL	8931	1509	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		21	1369	DUPLICATE OF CLAIM-SYSTEM	2619	7799	11780	3981
		8599	1205	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M HC	8599	216	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	133	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	3	408	2944	2536
		21	20	DUPLICATE OF CLAIM-SYSTEM				
3404929	LEE HARNETT MH/ DD/SAS	8329	19	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
		8518	11	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	0	40	282	242
		21	4	DUPLICATE OF CLAIM-SYSTEM				
3404930	JOHNSTON COUNTY MNTL HLTHC	8935	17	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8931	4	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	22	33	113	80
		8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404931	WAKE CO HUM SVC BILLING OF	8599	373	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	136	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	36	1079	16793	15714
		8621	126	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	544	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	165	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	21	816	3434	2618
		8599	41	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404934	ONslow COUNTY B EHAVIORAL H	8599	72	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	54	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	5	228	1441	1208
		21	46	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	259	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	10	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	14	294	728	434
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404937	EDGEcombe NASH MNTL HLTH C	8505	110	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	28	DUPLICATE OF CLAIM-SYSTEM	0	166	1528	1362
		8800	20	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404938	UGFW DBA RIVERS TONE COUNSE	24	17	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
		5404	2	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	1	21	462	441
		8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404939	NEUSE MENTAL HE ALTH CENTER	8651	11	ONLY FOUR UNITS ALLOWED PER MO NTH				
		0	0		0	11	31	20
3404941	PITT CO MH/DD/S AS CENTER	8329	106	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA				
		8599	93	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	37	395	1074	679
		11	69	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404942	ROANOKE CHOWANH UMAN SERVIC	8599	69	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	15	90	1190	1100
		21	4	DUPLICATE OF CLAIM-SYSTEM				
3404943	ALBEMARLE MENTA L HEALTH CE	5404	66	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		21	27	DUPLICATE OF CLAIM-SYSTEM	43	222	1626	896
		8599	27	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER		HIGH DENIAL	NUMBER OF		TMC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404944	EASTPOINTE HUMA	8505	194	CLAIM DENIED DUE TO INSUFFICIE				
	N SERVICES			NT BUDGET				
		8599	22	DETAIL NOT COVERED BY COMBINAT	20	239	895	656
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404946	FOOTHILLS AREAM	23	60	SERVICE REQUIRES PRIOR APPROVA				
	ENTAL HEALT			L				
		0	0		0	60	60	0
3404957	TIDELAND MENTAL	8932	14	CMTNC INELIGIBLE TO RECEIVE SE				
	HEALTH CTR			RVICES IN IPRS.				
		8599	7	DETAIL NOT COVERED BY COMBINAT	19	27	132	105
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	5	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404979	NEW RIVER AREAM	21	333	DUPLICATE OF CLAIM-SYSTEM				
	N/DD/SA PRO							
		8599	178	DETAIL NOT COVERED BY COMBINAT	101	691	4279	3588
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	87	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				